

Notice of Referral to the Office of Dispute Resolution for Centrally Assessed Companies

Use this form to appeal the notice of determination made by the Department of Revenue's Business and Income Taxes Division. This division issues a notice of final determination after receiving a request for informal review of a tax adjustment. Send this form to the Office of Dispute Resolution within 15 days of the date on the notice of the division's final determination.

Important: Per MCA 15-1-402, taxpayers must pay the tax or fee under protest when due to receive a refund. If the tax or fee is not paid when due, the appeal or mediation may continue, but a tax or fee may not be refunded as a result of the appeal or mediation.

For more information about the appeal process, visit the tax appeal process section at revenue.mt.gov. If you need additional help, call us at (406) 444-6900.

Taxpayer or Owner/Business Name					
Address					
City	State			Zip Code	
elephone Number	Fax Number		Email Addr	ess	
ax Type(s)	For Tax Period(s)	For Tax Period(s) Monta		ntana Account ID	
Authorization of Repres	sentative	,			
e basic information below and	d attach a completed Powe 06) 444-6900. A fully exect	er of Attorney	form. You	ne Office of Dispute Resolution, provide can find the Power of Attorney form at Power of Attorney and Declaration of	
Name of Representative		Telephone Number			
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Basis for Objection	d denial of your request),			ation of the basis for your objection.	
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The Office of Dispute Resolution will provide you the opportunity for an impartial hearing. However, you have the option to

bypass that review. Please check this box if you choose to bypass.